**Type of Inspection**
New ☐ _____
Annual ☐ _____
Follow-Up _____
(Prev. Inspection Date)
Complaint ☐ _____
Courtesy ☐ _____
Random ☐ _____

**NCDA&CS, VETERINARY DIVISION**
**ANIMAL WELFARE SECTION**
**1030 MAIL SERVICE CENTER,**
**RALEIGH, NC 27699-1030**
**PHONE: 919/715-7111, FAX: 919/733-6431**

**INDOOR** ☐
**OUTDOOR** ☐
**BOTH** ☐

# ANIMAL WELFARE INSPECTION

ENTER

**GPS Coordinates - N:** 35.65673 **W:** 80.85321

**LICENSE #:** 10603
**TYPE FACILITY: Animal Shelter (Private/Public)** ☐ **Boarding Kennel** ☒ **Pet Shop** ☐ **Public Auction** ☐
**BUSINESS NAME:** K-9 Cabins & Dog training INC
**OWNER:** Elena & Pat Smith
**ADDRESS:** 552 Flower house Loop Troutman NC
**TELEPHONE:** (704) 528 - 3517
**VMO** Merritt
**COUNTY** Iredell

**Number of Primary Enclosures** 20 **Animals Present: Dogs** 13 **Cats** 0

**Inspector: Mark "X" in each box, if adequate.**
**Circle each item number, if inadequate.**
**Use NA if not applicable**

## STRUCTURE

**Housing Facilities**
☐ 1. Structure & Repair
☐ 2. Ventilation & Temp.
☐ 3. Lighting
☐ 4. Ceiling, Wall, Floors
☐ 5. Storage
☐ 6. Water Drainage

**Primary Enclosures**
☐ 7. Structure & Repair
☐ 8. Space
☐ 9. Ventilation & Temp.
☐ 10. Adequate Shelter

## SANITATION

☐ 11. Waste Disposal
☐ 12. Odor
☐ 13. Ceiling, Wall, Floors
☐ 14. Primary Enclosures
☐ 15. Equipment & Supplies
☐ 16. Washrooms, Sinks, Basins
☐ 17. Insect/Vermin Control
☐ 18. Building & Grounds

**HUSBANDRY**
☐ 19. Adequate Feed/Water
☐ 20. Food Storage
☐ 21. Personnel
☐ 22. Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area
☐ 23. Animals' Appearance

## SPECIAL ITEMS

**Records**
☐ 24. Description of Animals
☐ 25. Records/Vet Treatment
☐ 26. Origin/Disposition
☐ 27. Signature (boarding kennel)
☐ 28. Written permission from owner for commingling (doggie daycare)

**Transportation**
☐ 29. Care in Transit Discussed

**Veterinary Care**
☐ 30. Isolation Facility
☐ 31. No Signs of Illness/ Treated

☒ **APPROVED** ☐ **CONDITIONALLY APPROVED** ☐ **DISAPPROVED** Date: 11/17/08 Time: 10:00 am

**Inspector's Signature**

X **Owner/Authorized Agent's Signature**

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner

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ENTERED

# ANIMAL WELFARE INSPECTION CONTINUATION PAGE

**LICENSE #:** 10603
**TYPE FACILITY:** Animal Shelter (Private/Public) ☐ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐
**BUSINESS NAME:** K-9 Cabins & Dog training Inc
**OWNER:** Elena & Pat Smith
**ADDRESS:** 552 Flower hope loop Troutman NC
**TELEPHONE:** (704) 528-3577

| Item Number | Explanation of Inadequacy (circled items above) And Recommendation For Compliance | Date Corrections Must Be Completed |
|---|---|---|
| | Need exact dosage and time on treatment sheet | |
| | Need to finish painting outside walls, place is clean and | |
| | smells great keep up the good work | |

☒ APPROVED ☐ CONDITIONALLY APPROVED ☐ DISAPPROVED Date: 11/17/08 Time: 10:00am

Inspector's Signature

x Owner/Authorized Agent's Signature

AW-2
Rev. 1/07

White= Office Canary= Inspector Pink= Owner